



# EMERGENCY CONTACT FORM

## 2024-2025

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STUDENT'S LAST NAME                      FIRST NAME                      MIDDLE NAME                      GENDER                      BIRTH DATE

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ADDRESS    CITY, STATE, ZIP                      HOME PHONE #

PARENT 1 NAME \_\_\_\_\_ PARENT 1 EMAIL \_\_\_\_\_

PARENT 1 CELL # \_\_\_\_\_ PARENT 1 WORK # \_\_\_\_\_

PARENT 2 NAME \_\_\_\_\_ PARENT 2 EMAIL \_\_\_\_\_

PARENT 2 CELL # \_\_\_\_\_ PARENT 2 WORK # \_\_\_\_\_

PEDIATRICIAN NAME \_\_\_\_\_ PEDIATRICIAN # \_\_\_\_\_

### ALTERNATIVE CONTACTS IN CASE OF EMERGENCY

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_



# EMERGENCY MEDICAL AUTHORIZATION FORM 2024-2025

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE
ADDRESS		CITY, STATE, ZIP	HOME PHONE #	

### HEALTH INSURANCE INFORMATION

Insurance Company Name \_\_\_\_\_

Phone # \_\_\_\_\_ Policy Number \_\_\_\_\_

### SPECIAL MEDICAL PROBLEMS, CHRONIC CONDITIONS, ETC.

\_\_\_\_\_

### ALLERGIES (DRUGS, FOOD, INSECT BITES, ETC.)

\_\_\_\_\_

### MEDICATIONS TAKEN REGULARLY

Name of Medication	Reason Taken	Dose & Frequency
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### HOSPITALIZATIONS, SURGERIES, MAJOR INJURIES

Nature	Date	Doctor/Surgeon
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- **Therapy/Shadow Services** - Any child receiving therapy or shadowing services at school must have a signed Authorized Therapist/Shadow form completed and on file prior to the therapist/shadow coming to school. Please contact Samantha Barhai at [sbarhai@tbeboca.org](mailto:sbarhai@tbeboca.org) for more information.
- **Medication** - Any child requiring the administration of medication (prescription and non-prescription) during the school day must have a completed and signed Administration of Medicines Authorization form on file. The form is available on the "Parent Portal" section of our website at <https://bethellearlylearningcenter.tbeboca.org/parent-portal/>. All medications must be brought in with a prescription signed by a doctor, with the exception of diaper cream & insect repellent.

### TREATMENT RELEASE

In the event of a medical emergency involving my child \_\_\_\_\_ when neither parent can be contacted, I hereby give permission for the School Director, Assistant Director or the child's teacher to authorize emergency treatment and release the information given above.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



# CHILD PICK UP AUTHORIZATION FORM 2024-2025

CHILD'S NAME: \_\_\_\_\_

I, \_\_\_\_\_

give permission to the following people to pick up my child from school:

NAMES

CELL PHONES

Please include spouse's name (*if applicable*)

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\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



# PARENT HANDBOOK ACKNOWLEDGEMENT FORM 2024-2025

Dear Parents,

Please familiarize yourselves with the school policies detailed in the 2024-2025 Parent Handbook, including the Beth El Early Learning Center's Illness Policy. The handbook is located on the Parent Portal on our website:

<https://betheearlylearningcenter.tbeboca.org>.

Should you have any questions, concerns or remarks regarding the document please feel free to contact us at (561) 391-9091. Otherwise, please sign and return this form to the office prior to the start of school.

Sincerely,

Ronni Graf  
Director of the Beth El Early Learning Center

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## ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, hereby acknowledge that I have read the Beth El Early Center 2024-2025 Parent Handbook.

I agree to adhere to the policies and procedures set forth in this document.

SIGNATURE - PARENT 1: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE - PARENT 2: \_\_\_\_\_ DATE \_\_\_\_\_

## BETH EL EARLY LEARNING CENTER COMMUNITY COVENANT SCHOOL YEAR 2024-2025

The Early Learning Center (“ELC”) at Temple Beth El represents the best of our congregation: the celebration of life, learning, and community. We believe that the ELC not only helps our students develop a strong foundation for academic learning, but also builds into that foundation the fundamental morals and values our tradition has taught for centuries. We believe that the ELC and our community must model those values in every facet of congregational life. Further, we are committed to the idea that educating children is a process that involves a partnership between parents, teachers and the school community.

When we enroll our children at Temple Beth El, we are joining a very special spiritual community. This document represents a *Brit-Kehilah* – a community covenant which governs interaction between and among parents and between parents and school personnel. Civility, consideration, and mutual respect are the minimum requirements for every interaction and for all forms of communication.

The intent of the ELC Community Covenant is to maintain, to the greatest extent reasonably possible, a safe, orderly and purposeful, constructive learning center for students, teachers, administrators, other staff, and parents/legal guardians of the students of the ELC. We expect this Community Covenant will provide guidance to parents and staff as to what is acceptable and expected conduct and potential ramifications for non-compliance.

Following the guidance set forth in this Community Covenant, we expect everyone to:

- Respect the property of others;
- Treat others with dignity and respect at all times;
- Follow the parking rules and have the child in school on time with the necessary supplies and appropriate dress;
- Follow the school’s rules, calendars, deadlines and expect your child to do the same. This includes all of the policies and procedures set forth in the Parent Handbook and all associated health and safety policies; and
- Speak respectfully to the teachers, staff and other parents at all times, especially in front of children, and when there is a disagreement.

Unacceptable/Disruptive behavior includes, but is not limited to, the following:

- Behavior which interferes with or threatens to interfere with the safe, orderly, and purposeful operation of a classroom, an employee’s office or office area, any area of the school facility, Temple Beth El’s campuses, or any other venue in which the ELC

conducts any aspect of its business, including the non-sanctioned use of alcohol or any other intoxicant or the use or possession of illegal substances;

- Shouting at, and/or threatening to harm members of the school staff, Temple volunteers, a visitor or fellow parent/child either in person or over telephone and regardless of whether such behavior constitutes a criminal act;
- Posting or publishing defamatory, offensive or derogatory comments regarding the school or any of the pupils/parents/staff/Board members/volunteers, at the school, on social media sites, or in printed publications;
- Abusive or threatening emails, social media posts (including in “closed” or “restricted” groups), text messages, voicemails, phone messages or other written communication;
- Breaching the school’s security procedures including the ELC’s policies regarding weapons on campus;
- Breaching any of the school’s health and safety policies.
- Physically intimidating behavior, i.e. invasion of personal space, etc.;
- Emotionally intimidating behavior including verbally threatening, demonstrated continual mistrust of staff members, bullying, or badgering via email, phone, or in-person.
- Verbally aggressive, belligerent, or disruptive behavior.
- Damaging/destroying or threatening to damage/destroy ELC or synagogue property of any kind;

### **Authority of ELC Personnel**

ELC and Temple Beth El persons shall have authority to request parents who breach this Community Covenant to be removed from ELC and Temple Beth El property, either temporarily or permanently and may, as circumstances dictate, ask such parent to withdraw his or her child from the ELC. Withdrawal of enrollment privileges, for any reason, does not relieve parents of the responsibility for full payment of their current financial obligations.

I am the parent/legal guardian of \_\_\_\_\_ and I hereby acknowledge and affirm that I have read the ELC Community Covenant and agree to abide by its terms and conditions.

Parent 1: \_\_\_\_\_

Date: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Date: \_\_\_\_\_

**Permission for**  
***Food-related Activities & Special Occasion***  
**food consumption**

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
(Parent or Guardian) (check one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed, subject to the conditions indicated below.

**Permission Options: (Select and initial one of the options below):**

\_\_\_\_ My child DOES NOT HAVE a food allergy or dietary restriction. He or she may participate in activities.

\_\_\_\_ My child DOES NOT HAVE a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_\_ My child HAS a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_\_ My child HAS a food allergy or dietary restriction. He or she may participate in activities, but must not eat or handle the following items (please list below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Permission: (Select (✓)One):**

Specific Permission Only for: \_\_\_\_\_  
Food Activity or Event Date

General Permission

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
Parent or Guardian Date

## DISTRACTED ADULT DRIVER FORM



**Getting In; Getting Out...**

**Out: Check the Back Seat**

- In just **10 MINUTES**, a car's temperature can increase by **19°**
- Before getting out of your car, check the back seat ... **DON'T FORGET YOUR CHILD!**
- **NEVER** leave your child alone in a car and **CALL 911** IF YOU SEE ANY **CHILD LOCKED IN A CAR!**
- Place something in the back seat that you will need at work, school, or home (your laptop; your lunch).

Developed by:  
PREVENTION UNIT  
Office of Family and  
Community Services



**Getting In; Getting Out...**

**In: Check Behind The Car**

- **BEFORE GETTING IN THE CAR AND STARTING THE ENGINE**, walk around the car and **CHECK FOR KIDS, TOYS, AND PETS!**
- Make sure there is **NOTHING UNDER OR BEHIND YOUR CAR** that could attract a young child.
- **PICK UP TOYS, BIKES, CHALK OR ANY TYPE OF EQUIPMENT** around the driveway so that these items don't entice kids to play.

Developed by:  
PREVENTION UNIT  
Office of Family and  
Community Services

HB 1079 amended s. 402.305(9), F.S. requires operators of childcare facilities and homes to provide parents/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention, during the months of April and September.

Please read the "Distracted Adult" flyer above, print, sign & return this form.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Print - Parent 1

\_\_\_\_\_  
Signature - Parent 1

09/01/2024  
Date

\_\_\_\_\_  
Print - Parent 2

\_\_\_\_\_  
Signature - Parent 2

09/01/2024  
Date



## Influenza Virus, The Flu, A Guide for Parents:

### What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

#### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



### How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

### What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



### When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

### What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



### How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August & September.

***My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide for Parents:***

Your Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

# KNOW YOUR CHILDCARE FACILITY BROCHURE

## Parent's Role

A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, you should consider the facility's quality indicators related to activities, caregivers, and environment.

### Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

### Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

### Quality Environments

- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)



For additional information, please visit [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare) or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

# KNOW YOUR CHILD CARE FACILITY

## Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

### Health Related Requirements

Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

### Ratios



Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

### Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

### Food and Nutrition

Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

### Record Keeping

Maintain accurate records that include:

- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

### Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline 1.800.962.2873

## KNOW YOUR CHILDCARE FACILITY ACKNOWLEDGEMENT & SUPPLEMENTAL HEALTH DEPT. FORM

CHILD'S NAME:

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1. ARTICLE XV, B, 8, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**. I have received a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**.
2. ARTICLE IX, C, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. ARTICLE XV, B, PBC Rules requires the parents complete an **AUTHORIZATION FOR EMERGENCY MEDICAL CARE** in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care center to obtain emergency medical care for my child.
4. I understand and agree to the above statements indicated in numbers 1 through 3:

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Signature of Parent or Guardian

Date

5. ARTICLE XII, 2, PBC Rules require the parent and the center complete an **ALTERNATE NUTRITION PLAN AGREEMENT** if the meals or snacks are furnished by the child's parent. **ALTERNATE NUTRITION PLAN AGREEMENT**:

Indicate Special Dietary Requirements:

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I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent Provides, or C for Center Provides)

Breakfast

A.M. Snack

Noon Meal

P.M. Snack

Dinner

Evening Snack

Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

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Date

*Ronnie Ad*  
Signature of Owner/Operator

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Signature of Parent or Guardian

Date

PBCHD 1/2011

## 2024-2025 BETH EL EARLY LEARNING CENTER MEDICAL POLICY PACKET: Illness, Medication & Allergy

### Illness Policy

- If your child is ill at home:
  - If your child is ill, we ask that you please keep them home until they are fever and symptom free for at least 24 hours. This includes, but is not limited to coughing, sneezing, sore throat, runny nose, abdominal pain, diarrhea, vomiting, and/or lethargy.
  - **If your child is diagnosed by a doctor with a contagious disease, you must notify the school office immediately.** Contagious diseases include, but are not limited to strep throat, conjunctivitis (pink eye), hand, foot and mouth disease, influenza (flu), COVID-19, RSV, pinworms, croup, or lice.
  - It is the responsibility of the school to alert parents in the case of a contagious disease diagnosis in the classroom. A health notice will be distributed via email to all classroom parents, regarding detailed information on the disease (incubation period, treatment, re-admittance to school, etc.).
  - If your child should contract a contagious disease or rash, we must have a note from your child's doctor stating that they are in good health before being readmitted. **No child will be allowed to return to school with an unspecified rash or symptoms of illness without a doctor's note.**
  - A good rule of thumb to apply when making the decision as to whether or not to send your child to school is: "When in doubt, please keep them out."
  
- If your child should become ill at school:
  - If your child is in school and begins to develop a low-grade fever or symptoms of illness including, but not limited to coughing, sneezing, sore throat, runny nose, abdominal pain, diarrhea, vomiting, and/or lethargy, you will be notified by your child's teacher.
  - Based on the symptoms, the teacher will let you know if you must pick your child up from school. Some of these symptoms include, but are not limited to:
    - They are running a fever of 100.4 or higher
    - They have had 3 cases of diarrhea in one day
    - They have vomited
    - They have an unspecified rash
    - They appear to be having an allergic reaction
    - Office administration feels it is not in the child's or the class's best interest for the student to remain at school with their current symptoms.
  - A child who becomes ill at school will be made comfortable in the school office or classroom until his or her parent can be notified and the child is picked up.
  - Parents or a person on the child's authorized pick-up list are expected to arrive **within 30 minutes** after being called. The school is not equipped to accommodate the needs of a sick child.
  - The child must be fever and symptom free for at least 24 hours before they can return to school and may require a doctor's note depending on their symptoms.

- Please keep the following items in mind when deciding whether to send your child into school:
  - Often behavior that is different (i.e., fatigue, paleness, loss of appetite, irritability or restlessness) is a precursor to illness. If your child is experiencing these symptoms, they should be kept home.
  - Illness can affect a happy, energetic child in a negative manner, predisposing him/her to accidents in the classroom and on the playground.
  - At these ages, children are still mastering skills like sneezing into a tissue or covering their mouth when they cough. In the school setting, germs are easily spread by touching one's nose and mouth, placing toys in one's mouth and by touching others near you.
  - It is not only in the best interest of your child, it is in the best interest of the other children in the classroom, to keep your child home when they are not feeling at their best.
  - If your child wakes up in the morning exhibiting symptoms of illness and requires fever-reducing medication to feel well enough for school, we kindly ask that you keep them at home. Bringing your child to school under these circumstances may not only result in them feeling unwell during the day but also potentially expose other students and staff to illness. We need your cooperation in keeping our school community healthy.

### **Medication Administration Policy**

- For any medication given at school, including prescription & non-prescription/over-the-counter medications (other than diaper cream, sunscreen or insect repellent) you will need to present a **doctor's prescription** and a signed copy of the **Medication Permission Form** on page 4.
- DO NOT bring in non-prescription/over-the-counter medicines without a doctor's prescription (this includes cough syrups and aspirin/Tylenol/Motrin). **We will not administer any medication without a doctor's prescription.**
- All prescription & non-prescription/over-the-counter medications must be in their original containers with the appropriate label (student's name, medication name, dosage, and prescribing physician's information).
- Physical barriers such as diaper creams, sunscreen and insect repellent will be applied with a signed **Parent Authorization Form on page 5** and do not require a doctor's prescription.
- We cannot administer nebulizer treatments.
- Under no circumstances are medications to be mixed by a parent or staff member in a child's bottle, sippy cup or food.
- **Medication Drop Off and Pick-Up Procedures**
  - Parents **MUST** drop off their child's medications in the Administration Office. An administrator will verify that your form is signed and that the medication is properly labeled and in its original packaging.
  - Do not give any prescription or non-prescription medications and/or medication forms directly to your child's teacher.
  - Do not send your child to school with medication inside their belongings (backpack, lunch box, etc.)
  - A parent/guardian may pick-up their child's medication from the Administration Office.
  - All medications **MUST** be picked-up from the Administrative Office within the **last 3 days of the school year.**
  - Any medications not picked up by the end of last day of school will be discarded.

- All medical forms must be renewed at the beginning of each school year. This includes updated prescriptions and parental consents.

### **Student Allergy Policy**

- Parents are responsible for communicating known allergies and/or suspected allergies to the staff at the Beth El Early Learning Center on the necessary registration forms.
- If your child requires over-the-counter or prescription medications or creams to treat their allergy symptoms, you will need to fill out the **Medication Permission Form** on page 4.
- **EpiPen Policy:**
  - Any child with a prescription for an EpiPen, **will need to provide the school with 2 EpiPens**. One to be stored in the classroom and one to be stored in the school office.
  - Children with EpiPen prescriptions must have them on site at all times they are present at school.
  - All EpiPens must be clearly labeled with your **child's name** and the **expiration date**.
  - Parents of children with EpiPens will need to **fill out both the Medication Permission Form** (page 5) and the **Allergy Anaphylaxis Emergency Care Plan** (page 6&7).
  - A child that has an allergy requiring an EpiPen prescription will be sat away from children eating the known allergen with spacing as far as possible.
  - A classroom teacher will be assigned to supervise a child with severe allergies during mealtimes.
  - **Parents must provide all food served to any child with an EpiPen prescription on file for a food allergy.**

### **PARENTAL ACKNOWLEDGEMENT**

I/We, \_\_\_\_\_, the parent(s)/guardian(s) of \_\_\_\_\_, hereby acknowledge that I/we have received, read, and understood the document titled "2024-2025 Beth El Early Learning Center Medical Policy Packet: Illness, Medication & Allergy." I/We agree to comply with all policies and procedures set forth in this document.

SIGNATURE - PARENT 1: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE - PARENT 2: \_\_\_\_\_ DATE \_\_\_\_\_



## PARENT AUTHORIZATION FORM FOR DIAPER CREAM, SUNSCREEN & INSECT REPELLENT

Child's Name: \_\_\_\_\_

### Write in the Names of All That Apply:

- Name of Diaper Cream: \_\_\_\_\_
- Name of Sunscreen: \_\_\_\_\_
- Name of Insect Repellent: \_\_\_\_\_

### When Should It Be Applied (write in a specific time or circle "as needed"):

- Diaper Cream: \_\_\_\_\_AM/PM, \_\_\_\_\_times a day **OR** As Needed
- Sunscreen: \_\_\_\_\_AM/PM, \_\_\_\_\_times a day **OR** As Needed
- Insect Repellent: \_\_\_\_\_AM/PM, \_\_\_\_\_times a day **OR** As Needed

Do not send medications to school with your child or give medications directly to teachers. Parents must hand deliver any diaper cream, sunscreen and/or insect repellent to the Administration Office. An administrator will verify that the form is signed and that the ointments/repellents are in their original packaging and clearly labeled with the child's name.

### PARENTAL AUTHORIZATION:

I/We, \_\_\_\_\_, hereby grant permission to Beth El Early Learning Center staff to administer the diaper cream, sunscreen and/or insect repellent listed above to \_\_\_\_\_ while in school.

Additionally, I agree to follow the medication delivery instructions set forth in this document.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



## MEDICATION PERMISSION FORM & LOG

**Directions:** Parents, please only fill out the top section. **The Medication Log is for staff only. You DO NOT have to fill out this form if you are authorizing the use of diaper cream, sunscreen or insect repellent.**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Time to be administered at school: \_\_\_\_\_

Amount of Dosage: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

All medications, whether prescription or over-the-counter, must be accompanied by a doctor’s prescription. This includes cough syrups, aspirin, Tylenol, and Motrin. Again, the **Beth El Early Learning Center will not administer any medication without a doctor’s prescription.** All medications must be in their original containers. For prescription medications, the label must be dated, and have the name of the child, name of medicine, the dosage, and the name of the prescribing doctor.

It is the responsibility of the parent/guardian to drop-off and pick up their child’s medications in the Administration Office. An administrator will verify that your permission form is signed, that the medication is properly labeled and that it’s in its original packaging. **DO NOT** give any prescription or over-the-counter medications and/or medication forms directly to your child’s teacher or send your child to school with medication inside their belongings (backpack, lunch box, etc.).

<b>MEDICATION LOG (staff only)</b>						
NAME	MEDICATION	DATE	TIME	METHOD	AMOUNT OF DOSAGE	INITIAL OF PERSON GIVING MEDICATION



**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  **Yes (higher risk for a severe reaction)**  **No**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_








**THEREFORE:**

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





## SEVERE SYMPTOMS

 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.

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1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

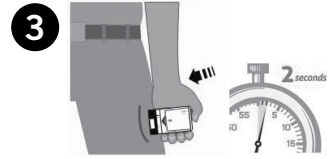
Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

I give permission to the Beth El Early Learning Center to post this Food Allergy & Anaphylaxis Emergency Child Care Plan, which contains medical information about my child, in their classroom where it will be visible to the public.

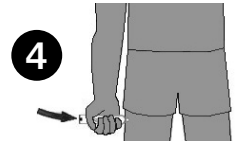
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



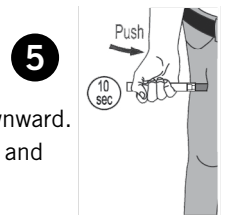
## HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



## HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



## HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi by finger grips only and slowly insert the needle into the thigh. SYMJEPi can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_